

**Membership Application Form**

**Name: ……………………………………………………………….**

**Address: ……………………………………………………………….**

**……………………………………………………………….**

**……………………………………………………………….**

**Phone Number: ……………………………………………………......**

**Mobile Number: ………………………………………………………..**

**Email Address: ………………………………………………………..**

**Date of Birth: ……………………………………………………………….**

**Emergency Contact Details: …………………………………………..**

**(name/phone number/relationship): ……………………………………**

**Any medical conditions:**

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For Club Use:

Date of joining:

Club Membership Number:

Scottish Athletics Membership Number:

Date of SA registration: